AGING, MENTAL HEALTH AND CHRONIC ILLNESS: LIFESTYLE RELATIONSHIPS, DISPARITIES, INTERVENTIONS AND PREVENTION

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AGING, MENTAL HEALTH AND CHRONIC ILLNESS

- Poor mental health is a risk factor for chronic physical conditions.
- People with chronic physical conditions are at risk of developing poor mental health.
- People with serious mental health conditions are at high risk of experiencing chronic physical conditions.
AGING OF AMERICA

- Growth will be from 12% to 21% of the population by 2030 –estimated 70.1 million.
- Rapid growth is expected to occur among the oldest & frailest population groups.
- More diverse racially and ethnically.
- Will live longer.
- Will have multiple complex health problems!

WHAT IS NORMAL AGING

- Societal expectation.
- Aging is NOT illness.
- Individual and age differences within the elderly.
- Impact of “chronic” illness.
MENTAL HEALTH AND OLDER ADULTS

- Chronically ill Medicare beneficiaries with depression have significantly higher health care costs than those with chronic disease alone. (Unützer, 2009).

- Individuals with serious mental illness are more likely to die on average at age 51 from complications of unhealthy risk factors (smoking and obesity) compared with age 76 for all Americans. (Parks, 2006).

CHRONIC ILLNESS AND AGING

- Chronic disease are non-communicable illnesses that are prolonged in duration, do not resolve spontaneously and are rarely cured.

- Chronic diseases cause 7 out of 10 deaths.

- Most are preventable and treatable!
MENTAL ILLNESS

- Mental illness is “characterized by alterations in thinking, mood or behavior associated with distress or impaired functioning”.


AGING, MENTAL HEALTH AND CHRONIC ILLNESS

- Mental illness and mental health can have multiple determinants including: genetics, biology and the interaction with social and environmental factors.

- “Social determinants” of health include: income, level of education, occupation, stressful life events, social support, discrimination, lack of access to health resources.

“Public Health Action Plan to Integrate Mental Health Prevention with Chronic Disease Prevention, 2011 – 2015."
AGING, MENTAL HEALTH AND CHRONIC ILLNESS

✓ Chronic diseases include illnesses such as heart disease, diabetes, obesity, asthma and arthritis.
✓ Individuals who suffer from chronic diseases are also more likely to also suffer from mental illness, most likely depression.
✓ BOTH mental health disorders and chronic diseases are common and disabling.

As the number of chronic diseases increase, there are increased risks of mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests and conflicting medical advice.


AGING, MENTAL HEALTH AND CHRONIC ILLNESS

“Interconnections of injury, chronic disease and mental illness are striking.”


There are increases in depression and other mental health issues with chronic diseases such as:
- Diabetes
- Arthritis
- Respiratory disease
- Cardiovascular disease

AGING, MENTAL HEALTH AND CHRONIC ILLNESS

✓ 66% of total health care spending is directed toward care for the approximately 27% of Americans with multiple chronic conditions.

Anderson G. Chronic Care: Making the Case for Ongoing Care, Princeton, NJ: Robert Wood Johnson Foundation, 2010
AGING, MENTAL HEALTH AND CHRONIC ILLNESS

✓ The cost to treat those with chronic diseases is 75% of the total national health expenditures.


Chronic disease and mental illness are frequently associated;

the incidence, course and outcomes of each are affected by the presence of the other!
AGING, MENTAL HEALTH AND CHRONIC ILLNESS

✓ The combined effects of an increasing life expectancy in the aging population will increase the challenges of managing multiple chronic conditions among the burgeoning population of older persons.


DEPRESSION AND CHRONIC DISEASE
AGING, MENTAL HEALTH AND CHRONIC ILLNESS

The World Health Organization (WHO) has stated that the 2 of the largest causes of the “burden of disease” in 2030 will be heart disease and depression.

HEALTHCARE COSTS AND DEPRESSIVE ILLNESS

- Individuals with depression and other medical problems have significant higher health care costs.
- Medicare Disease Management Program 2004 - 2006 compared healthcare costs of almost 15,000 participants:
  - Many had Diabetes
  - Many had Congestive Heart Failure
  - 20% had both

HEALTHCARE COSTS AND DEPRESSIVE ILLNESS

- 2108 participants were diagnosed with depression
- 1081 participants did not have official diagnoses, but screened positive for depression
- 11,713 participants did not have depression

HEALTHCARE COSTS AND DEPRESSIVE ILLNESS

- After one year:
  - Participants diagnosed with depression incurred $22,960 in health care costs
  - Participants without depression incurred costs of $11,956
  - Participants with positive depression on screening incurred $14,365 in healthcare costs
HEALTHCARE COSTS AND DEPRESSIVE ILLNESS

- Participants with diagnosed depression spent significantly more in almost every healthcare category including: homecare, skilled nursing, outpatient and inpatient care, physician charges and medical equipment.
- They did NOT spend more money on mental health care than their non-depressed counterparts.
- Mental health care costs accounted for less than 1% of total healthcare costs.


Depressive Disorders are associated with an increase in the prevalence of Chronic Disease
Depression precipitates Chronic Disease and Chronic Disease exacerbates the symptoms of Depression!

**DEPRESSION AND CHRONIC ILLNESS**

- Depression co-occurs in 17% of cardiovascular cases, 23% of Cerebrovascular cases, 27% of individuals with diabetes and more than 40% of individuals with cancer.
  - American Heart Association Depression and Heart Health Web Site.
DEPRESSION AND THE OLDER ADULT

- The incidence of depression among older adults ranges from 15 – 20% of those over 65. Levels are lower in community dwelling older adults versus those in facilities. (Lebowitz, 1996)

- 16 to 25% of all reported suicides in the United States are in the 65 plus population.

- Individuals with dementia have a 25 - 30% risk of getting depressed.

- 30 – 50% of all caregivers suffer from a clinical depression.

DEPRESSION AND THE OLDER ADULT

- Clinical presentation of mental disorders in the elderly may be different, making diagnosis of treatable illnesses more difficulty.

- Community surveys have found that depressive disorders and symptoms account for more disability than medical illness.

- Untreated depression can lead to physical illness, institutionalization, psychosocial deterioration and suicide.
DEPRESSION AND THE OLDER ADULT

- Symptoms: sleep, appetite, energy, mood, anxiety, “confusion”:
  - May not complain of feeling depressed
  - Somatic equivalents
  - Loss of motivation, withdrawal and irritability
  - May become suicidal
  - Brain chemical changes

DEPRESSION, SUICIDE AND OLDER ADULTS

- NIMH - Older adults with depression are at risk for suicide. In fact, white men age 85 and older have the highest suicide rate in the United States.

- American Association of Suicidology - Suicide rates for elderly males are the highest risk at a rate of 29.0 per 100,000 (2010).

- White men over 85 (the old-old) were at the greatest risk of all age-gender-race groups. In 2010, the rates for these men was 47.33 per 100,000 - 2.37 times the current rate for men of all ages (19.94 per 100,000).

American Association of Suicidology
**Suicide in Older Adults**

- APA – 20% of Older Adults who committed suicide saw their physician within the prior 24 hours, 41% in the past week and 75% within the past month.

- The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited.


- Associated with late-onset depression.

**Depression and Asthma**

- Up to 50% of individuals suffering from asthma may have depression:
  - Dyspnea
  - Sleep disturbance

- 87.5% of individuals having symptoms (asthma attacks) - manifest psychopathology:
  - Anxiety and depressive symptoms.
  - Caregivers of children who have asthma also suffer from increased risk of depression.
DEPRESSION AND ASTHMA

▪ Cognitive behavioral therapy (CBT) can help with decreasing in asthma symptoms and depression by monitoring and challenging negative thoughts.

▪ There are also suggestions that exercise may assist with decreasing the stressors and depression symptomatology.

DEPRESSION AND ARTHRITIS

✓ Depression and anxiety are the most common complaints from individuals suffering from arthritis.
  ▪ Depression, self-esteem and loneliness.
  ▪ The more severe complaints of depression correspond with complaints of more severe symptoms.
DEPRESSION AND ARTHRITIS

✓ The Arthritis Self-Management Program has showed a positive relationship in regards to self-efficacy, communication with physicians, fatigue, anxiety, pain and depression.


DEPRESSION AND ARTHRITIS

✓ A randomized trial of antidepressants and 6 – 8 sessions of psychotherapy has shown to improve symptoms of depression, improved functional status and quality of life in individuals with arthritis and depression.

DEPRESSION AND ARTHRITIS

- Cognitive behavioral therapy (CBT) has also been shown to be helpful in combating depressive symptoms by monitoring and challenging negative thoughts, but may need to be tailored to symptoms of the individual.

- Aerobic or resistance-based exercise can also be an important component of self-managing osteoarthritis.

DEPRESSION AND CARDIOVASCULAR DISEASE

- Risk factors of cardiovascular disease such as smoking, physical inactivity and mental illness are associated with increased mortality.

- Depression increases risk of coronary artery disease (1.6 times greater than non-depressed individuals).
DEPRESSION AND CARDIOVASCULAR DISEASE

- Depression is predictive of stroke.

- Significantly depressed individuals are twice as likely to have a stroke within 10 years.

DEPRESSION AND CARDIOVASCULAR DISEASE

- Depression often happens after a stroke – more than ½ individuals suffering from a stroke reported depressive symptoms within 18 months.
  - Antidepressant treatment post-stroke is recommended to increase survival, cognitive function and increase recovery.

DEPRESSION AND CARDIOVASCULAR DISEASE

✓ Individuals with a history of Major Depression are more than four times more likely to have a Heart attack/ Myocardial Infarction (MI) than those with no history of depression.

DEPRESSION AND CARDIOVASCULAR DISEASE

✓ 1 in 6 individuals who have had a MI suffer from a Major Depression.

✓ Individuals who get depressed after a MI have more medical co-morbidities, complications and are at greater risk of mortality than their non-depressed counterparts.
**DEPRESSION AND CANCER**

- Prevalence of psychiatric disorder among individuals with cancer varies.
  - Depends on type of cancer.
  - Depends on “clinical stage”.
- Research documents up to 50% of newly diagnosed cancer patient met the diagnostic criteria of a psychiatric disorder.
  - 68% Adjustment disorder.
  - 53% Delirium.
  - 21% Depression.

**DEPRESSION AND DIABETES**

- Diabetes and depression have been consistently linked:
  - Depression is twice as common in those with diabetes.
  - Depression is observed more frequently in those without a high school education.
  - It is more frequent among women than men.
  - It is more frequent among younger adults with diabetes.
**DEPRESSION AND DIABETES**

- Depression is associated with diabetic-related complications, unemployment, and "illness intrusiveness".
- There is a positive association between fasting insulin levels and physical inactivity.
- Depression is associated with frequent overeating of sweets and high-fat foods.


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**DEPRESSION AND DIABETES**

- Less than 25% of individuals with diabetes are screened and treated for depression.
- Treatment of depression is correlated to good glycemic control.
- If depression is treated it decreases diabetes-related disability.
- Total health expenditures for individuals with depression and diabetes were 4.5 times higher those without depression. ($247 million compared with $55 million).

**ANXIETY AND CHRONIC DISEASE**

- Anxiety has both psychological and physical features.
- Individuals with anxiety are at a greater risk of developing chronic health conditions.
- They have more severe symptoms and are more likely to die if they become ill.

**ANXIETY AND PHYSICAL ILLNESS**

- Anxiety has both psychological and physical features.
- Individuals with anxiety are at a greater risk of developing chronic health conditions.
- They have more severe symptoms and are more likely to die if they become ill.
**ANXIETY AND PHYSICAL ILLNESS**

- Nearly 2/3 of individuals who suffer from anxiety are women.
- May also be a source of other disorders such as addiction or substance abuse.
- Anxiety plays a role in somatoform disorders.

**ANXIETY AND GASTROINTESTINAL DISEASE**

- Irritable Bowel Syndrome
- Functional Dyspepsia (upset stomach)
  - Nerves regulating digestion are hypersensitive to stimulation (anxiety).
ANXIETY AND CHRONIC RESPIRATORY DISEASE

✓ Asthma and Chronic Obstructive Pulmonary Disease (COPD)

✓ Individuals with these diseases show a high rate of anxiety and panic.
  ▪ Women greater risk than men.
  ▪ Greater hospitalization rates.
  ▪ Severe distress over lung function.

ANXIETY AND CARDIOVASCULAR (HEART) DISEASE

✓ Anxiety is linked to the development of heart disease and also to coronary events in individuals who already have heart disease.
ANXIETY AND CARDIOVASCULAR (HEART) DISEASE

✓ The Nurses Health Study has documented that women with the highest levels of phobic anxiety are 59% more likely to have a heart attack, and 31% more likely to die from one.

✓ Two other studies documented both men and women with anxiety disorders were twice as likely to have heart attack then those with no history of anxiety disorders.

ANXIETY AND CARDIOVASCULAR (HEART) DISEASE TREATMENT

✓ Different forms of therapies in relating to anxiety have been shown to be helpful in treating heart disease. Now also they are also being tried with GI and respiratory diseases.
  ▪ Cognitive Behavioral approaches – identify and avoid thoughts, react differently to anxiety-provoking situations.
  ▪ Psychodynamic psychotherapy.
ANXIETY AND CARDIOVASCULAR DISEASE TREATMENT

✓ Medications
  • Benzodiazepines
  • Antidepressants
  • Beta blockers (acute anxiety)

SERIOUS MENTAL ILLNESS AND CHRONIC DISEASE
CHRONIC ILLNESS AND SCHIZOPHRENIA

Schizophrenia – more than a disease of the brain.
  • Affects a variety of physical functions.
  • More rapid biological aging.

Life span for individuals with schizophrenia in US is 20 – 25 years shorter than unaffected individuals.

Is it related to poor access to treatment or more functional problems?

Research is now looking at relationship of aging.

Stein Institute for Research on Aging at the University of California, San Diego.

CHRONIC ILLNESS AND SCHIZOPHRENIA

Individuals with Schizophrenia have a decreased life expectancy.
  • Women with schizophrenia are 3.3 times and men 2.2 times more likely to die of cardiovascular disease.
  • Women with schizophrenia are 1.7 times and men 1.4 times more likely to die of cancer.

CHRONIC ILLNESS AND SCHIZOPHRENIA

✓ Only 26.3% of men with schizophrenia were diagnosed with cardiovascular disease before they died compared with 43.7% of men without schizophrenia.


CHRONIC ILLNESS AND SERIOUS MENTAL ILLNESS

✓ Diabetes Mellitus risk factors
  ▪ Obesity
  ▪ Physical inactivity
  ▪ Diets low in whole grains and fiber
  ▪ Smoking

✓ Risk for DM in individuals with SMI is 2 – 3 times higher; risk of DM in those individuals with the diagnosis of depression is 1 – 2.6 times higher.
CHRONIC ILLNESS AND SERIOUS MENTAL ILLNESS

✓ Diabetes Mellitus risk factors for those with SMI:
  ▪ Multifactorial
    ▪ Genetics
    ▪ Lifestyle factors
    ▪ Disease factors
    ▪ Treatment factors
  ▪ Prevalence of DM in individuals with schizophrenia is 4 – 5 times higher than the general population.

CHRONIC ILLNESS AND SCHIZOPHRENIA

✓ 2010 Vanderbilt University discovered a link between impaired insulin signaling in the brain and schizophrenia like symptoms in mice.
CHRONIC ILLNESS AND SCHIZOPHRENIA

- Insulin which “governs” glucose metabolism in the body also regulates the brain’s supply of dopamine.
- Disrupted dopamine signaling has been implicated in brain disorders including depression, Parkinson’s disease, schizophrenia and attention-deficit hyperactivity disorder.
- Dysregulation of this pathway because of diabetes, high-fat diet, drugs of abuse or genetic variation may put a person at high risk of neuropsychiatric disorders.

CHRONIC ILLNESS AND SERIOUS MENTAL ILLNESS

Obesity

- Lifestyle factors:
  - Lack of exercise
  - Poor diet
- Illness-related factors:
  - Negative symptoms
  - Disorganization
  - Depressive symptoms
- Treatment-related factors
CHRONIC ILLNESS AND SERIOUS MENTAL ILLNESS

✓ Disparities exist in assessing various metabolic risks:
  ▪ Blood pressure
  ▪ Baseline glucose
  ▪ Lipid testing

✓ Individuals with SMI are least likely to receive specialized interventions.

CHRONIC ILLNESS AND SCHIZOPHRENIA

✓ Non-treatment rates for DM in individuals with schizophrenia was 45.3%. (NIMH funded CATIE - Clinical Antipsychotic Trials for Intervention Effectiveness).

✓ Poorer quality of medical care contributes to excess mortality.
CARDIOVASCULAR DISEASE AND SERIOUS MENTAL ILLNESS

Risk factors include:
- Smoking
- Obesity
- Hypertension
- Elevated Cholesterol
- Diabetes Mellitus

CARDIOVASCULAR DISEASE AND SERIOUS MENTAL ILLNESS

- In those with SMI cardiovascular disease is the leading cause of death.
- Individuals with major depression, bipolar disorder and schizophrenia have significant higher risk of cardiovascular co-morbidity.
- CV Disease is increased 2 – 3 times, particularly among younger individuals with SMI.
- Factors including:
  - Genetics, lifestyle, as well as disease and treatment effects.
CARDIOVASCULAR DISEASE AND SERIOUS MENTAL ILLNESS

- Depression has an even stronger risk factor for cardiac events with individuals who have been diagnosed cardiovascular disease.

- Individuals with schizophrenia are three times as likely to experience sudden cardiac death.

CAREGIVING AND DEPRESSION
**FAMILY CAREGIVING**

✓ It is a myth that most the elderly in the United States are cared for in nursing homes and health care institutions. Family and friends provide 80% of the long-term care of older adults in the United States.

*National Alliance for Caregiving, 2009*

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**INCIDENCE AND PREVALENCE OF DEPRESSION AMONG CAREGIVERS**

• Family Caregiver Alliance 1997 – 58% of caregivers showed clinically significant depressive symptoms.
INCIDENCE AND PREVALENCE OF DEPRESSION AMONG CAREGIVERS

- 1/3 family caregivers of individuals with dementia have symptoms of depression.

Alzheimer’s Association, 2008; Yaffe and Newcomer, 2002

INCIDENCE AND PREVALENCE OF DEPRESSION AMONG CAREGIVERS

- 61 percent of family caregivers of individuals with Alzheimer’s and other dementias rated the emotional stress of caregiving as high or very high.

- 33 percent report symptoms of depression.

Alzheimer’s Association (2012) Alzheimer’s Disease Facts and Figures
INCIDENCE AND PREVALENCE OF DEPRESSION AMONG CAREGIVERS

40 – 70 % of family caregivers have clinically significant symptoms of depression with 25% meeting the diagnostic criteria for major depression.


CAREGIVING AND DEPRESSION

- Family caregivers face a range of health risks and serious illnesses themselves.
- Family caregivers experience high rates of depression, stress and other mental health problems.
- Elderly spousal caregivers experiencing mental or emotional strain have a 63% higher risk of dying than non-caregivers.

Family Caregiver Alliance 2007
National Policy Statement
INCIDENCE AND PREVALENCE OF DEPRESSION AMONG CAREGIVERS

Care recipients behavior is an overwhelming predictor of caregiver depression.

Shultz and Colleagues1995

HEALTH DISPARITIES
AFRICAN AMERICAN HEALTH DISPARITIES

- 20% less likely to receive treatment for depression.
- 40% more likely to die from stroke.
- 30% more likely to die of heart disease.
- 40% more likely to be obese.
- 60% more likely to have diabetes.
- 2 times more likely to have Alzheimer’s disease.

HISPANIC/ LATINO POPULATION HEALTH DISPARITIES

- 15% more likely to have liver disease.
- 15% more likely to be obese.
- 65% more likely to have diabetes.
- 45% more likely to die of diabetes.
- 55% chance of having end-stage renal disease.
- 1 ½ times more likely to have Alzheimer’s disease.
**CAUSES OF HEALTH DISPARITIES**

- There is a well established link between poverty, low educational attainment and poorer health outcomes.

- Individuals with health disparities have a higher incident of increased morbidity and mortality.

**CAUSES OF HEALTH DISPARITIES**

- Leading diseases experienced by individuals with low income and low educational attainment:
  - Heart disease
  - Diabetes
  - Obesity
  - High blood lead level
  - Low birth weight
TO ADDRESS HEALTH DISPARITIES:

- Focus research on disparities experienced by racial and ethnic minorities, the rural and urban poor, and other medically underserviced populations.
- Promote the inclusion of women, minorities and other medically underserved groups in clinical trials.
- Increase the knowledge base of causes and interventions to reduce disparities.

National Institutes of Health; DHHS “National Healthcare Disparities Report”

TO ADDRESSING HEALTH DISPARITIES:

- Raise public and provider awareness of racial/ethnic disparities in care.
- Improve the capacity and number of providers in underserved communities.
- Establish health education programs for special populations.
- Expand health insurance coverage.

National Institutes of Health; DHHS “National Healthcare Disparities Report”
EVIDENCED-BASED PRACTICES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES

- Psychosocial and pharmacological treatment for depression and dementia.
- Integrated mental health services in primary care.
- Mental health outreach services.
- Brief alcohol interventions for at-risk use.
- Family/ caregiver support interventions.

## Collaborative Approaches for Older Adults with Behavioral Health Issues

**Healthy Aging Initiatives:**
- “Building Healthy Communities for Active Aging” – EPA
- “The Healthy Brain Initiative” – CDC and the Alzheimer’s Association – National Public Health Road Map to Cognitive Health
- Chronic Disease Self-Management Program (CDSMP) – Physical, emotional and health-related quality of life, healthcare utilization and costs

## Evidence-Based Practices for Older Adults with Behavioral Health Issues

**Depression in Older Adults**
- **Healthy IDEAS** - (Identifying Depression, Empowering Activities for Seniors) – Integrates depression awareness and management into existing case management services.
  - Screens, educates, links to services and utilizes behavioral approaches.
  - Evidenced based Disease Self Management for Depression – NCOA Model Health Program.
EVIDENCE-BASED PRACTICES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES

Depression in Older Adults

- **PEARLS** -(Program to Encourage Active Rewarding Lives for Seniors) – Utilizes existing community-based programs.
  - Problem solving treatment, social and physical activation, PEARL’s counselor offers visitation.
- **Gatekeeper Program** – Trains non-traditional sources to identify and refer older community residing elders to services.

COLLABORATIVE APPROACHES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES

Outreach Programs

- Multidisciplinary outreach services takes services to where older adults reside – home and community based settings
  - Psycho geriatric Assessment and Treatment in City Housing (PATCH) Baltimore, MD – Gatekeeper program with “assertive community treatment”.

EVIDENCE-BASED PRACTICES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES

Depression in Older Adults

- Interventions for Family Caregivers – (Mittelman) – combination of counseling sessions, support group, education and ongoing support.
  - Assists in delaying nursing home placement.
  - Improved caregiver depression and health outcomes.

INTEGRATING MENTAL HEALTH SERVICES IN PRIMARY CARE

- PRISM-E (SAMHSA) – (Primary Care Research in Substance Abuse and Mental Health for the Elderly) comparing two types of care models for delivery of mental health services to older adults.
  - 50 clinical settings – managed care, community health clinics, VA system and group practice settings.
  - Diverse ethnic/ minority and rural/ urban populations.
  - Largest study of depression and alcohol uses in older adults.
  - The firsts effectiveness study of integration in older adults.
Evidence-Based Practices for Older Adults with Behavioral Health Issues

Suicide Prevention

- Supportive interventions including screening, psycho-education and group activities.
- Telephone-based supportive interventions.
- Protocol driven treatment delivered by a case manager (IMPACT; PROSPECT).

Integrating Mental Health Services in Primary Care

- IMPACT (Hartford Foundation) - (Improving Mood Promoting Access to Collaborative Treatment for Late Life Depression)
  - Identification of older adults in need.
  - 12 month access to depression care manager and support.
  - PCP manages anti-depressant medications.
  - Brief psychotherapy.
  - Case supervision by a psychiatrist.
INTEGRATING MENTAL HEALTH SERVICES IN PRIMARY CARE

- **PROSPECT** (NIMH) - Prevention of Suicide in Primary Care Elderly: Collaborative Trial
  - Sought to decrease risk factors including barriers to accessing health care and the presence of untreated mental illness.
  - Identification of older adults in need.
  - Case management links to appropriate service.
  - Depression – care management and suicide prevention.

COLLABORATIVE APPROACHES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES

**Colorado’s Senior Reach**

- Community-involved identification of older adults who need emotional or physical support and connection to community services.
- 70% of seniors previously had “fallen through the cracks”.

**COLLABORATIVE APPROACHES FOR OLDER ADULTS WITH BEHAVIORAL HEALTH ISSUES**

Colorado’s Senior Reach Cont.

- 90% who were referred have accepted mental health services.
- Program enables individuals to access service before serious problems arise.
- Senior Reach has found that building strong collaborative community relationships that enhance ongoing services to older adults is the key to prevention of more serious problems.

**MANAGING AND ADDRESSING MULTIPLE CHRONIC CONDITIONS**

- The Patient Protection and Affordable Care Act (ACA):
  - Development of new approaches to coordinated care and management.
  - Patient-centered benefits.
  - Quality measures.
MANAGING AND ADDRESSING MULTIPLE CHRONIC CONDITIONS

The Patient Protection and Affordable Care Act (ACA): New approaches to coordinate care:

- Health “Homes”
- Interdisciplinary care teams
- Expansion of Medicaid home and Community-Based service options
- Community-Based service options
- Co-location of physical healthcare and behavioral health services
- Collaborative care

MANAGING AND ADDRESSING MULTIPLE CHRONIC CONDITIONS

The Patient Protection and Affordable Care Act (ACA):

- Special services waiver options that allow states to offer benefits intended for individuals with MI and substance abuse disorders:
  - Home and community-based services
  - Partial hospitalization
  - Psycho-social rehabilitation
  - May also be able to utilize community-based attendant services
MANAGING AND ADDRESSING MULTIPLE CHRONIC CONDITIONS

✓ The Patient Protection and Affordable Care Act:
  ▪ Provision for workforce development and training on substance abuse treatment.
  ▪ Integrated MH and substance abuse services – assertive case management, psycho-education; combination of therapy and family-centered education; supportive employment; social learning; social support and harm-prevention.

MANAGING AND ADDRESSING MULTIPLE CHRONIC CONDITIONS

▪ Center for Medicare and Medicaid Innovation within CMS (Tests promising approaches to care coordination and health improvement).
▪ National Strategy for Quality Improvement in Healthcare (Sets priorities to improve the delivery of healthcare).
▪ National Prevention and Health Promotion Strategy (Focuses on prevention and wellness).
Priorities of the Center for Disease Control (CDC)

✓ Promote healthy lifestyle behaviors to improve the health of older adults:
  ▪ Encourage policy approaches that encourage regular physical activity, good nutrition and not smoking.

✓ Increase the use of clinical preventive services:
  ▪ Increase the number of places where older adults can receive prevention services.

Priorities of the Center for Disease Control (CDC) cont.

✓ Address cognitive impairment:
  ▪ Cognitive impairment affects health and long-term care needs. It presents care giving and financial burdens.

✓ Address issues related to mental health:
  ▪ Encourage community-based screening and treatment programs for older adults.

✓ Provide education on planning for serious or terminal illness.
OLDER ADULTS WHO PRACTICE HEALTHY BEHAVIORS, TAKE ADVANTAGE OF PREVENTIVE SERVICES, AND CONTINUE TO ENGAGE WITH FAMILY AND FRIENDS ARE MORE LIKELY TO REMAIN HEALTHY, LIVE INDEPENDENTLY, AND INCUR FEWER HEALTH-RELATED COSTS.

PRACTICING MENTAL WELLNESS!
MENTAL WELLNESS!

- Emotional well-being is associated with numerous benefits to health, family work and economic status.
- Positive emotions and reflections on life are associated with decreased risk of disease, illness and injury, better immune functioning, quicker recovery.
  - Greater resistance to illness – Higher antibody production.
  - Better endocrine function – lower levels of cortisol, epinephrine and norepinephrine.

MENTAL WELLNESS!

- Higher levels of purpose in life, personal growth, and positive relations are linked with lower cardiovascular risk including lower glycosylated hemoglobin, lower weight, lower waist to hip ratios, and higher HDL cholesterol.

- There are also links to better neuroendocrine regulation and inflammatory function.
PHYSICAL EXERCISE AND MENTAL HEALTH

“The Aerobics Center Longitudinal Study” (ACLS)
✓ Increasing maximal cardiorespiratory fitness and habitual physical activity are associated with lower depressive symptomatology and greater emotional well-being.


POSITIVE MENTAL HEALTH IS ASSOCIATED WITH DECREASED DISABILITY AND INCREASED LONGEVITY
LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ Keep medically healthy.
✓ Follow a healthy diet.
✓ Remain physically and mentally active.
✓ Stay socially connected.

LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ Keep medically healthy.
  ● Stop smoking.
  ● Maintain a healthy weight.
  ● Treat hypertension, diabetes and other chronic health conditions.
  ● Make sure vaccines are up to date.
  ● Monitor your alcohol intake.
  ● See your healthcare provider annually.
LIFESTYLE PRACTICES FOR HEALTHY AGING

✔ Follow a healthy diet:

- Nutrition rich foods have vitamins, minerals, fiber and other nutrients but are low in calories.
- Eating a variety of fruits and vegetables can help control your weight, cholesterol and blood pressure.
- Diet should emphasize:
  - Fresh fruits and vegetables
  - Whole grains
  - Low-fat dairy products
  - Poultry, fish and nuts
  - LIMIT red meat, and sugary foods and beverages.

The American Health Associations Diet and Lifestyle Recommendations.
LIFESTYLE PRACTICES FOR HEALTHY AGING

- Remain physically active:
  - Physical activity relieves tension, anxiety, depression and anger.
  - There is a feeling of “general wellbeing” as physical activity becomes part of a routine.
  - Physical activity can help lower blood pressure and boost levels of good cholesterol.

LIFESTYLE PRACTICES FOR HEALTHY AGING

- Remain physically active:
  - Improves blood circulation – decreases the risk of heart disease
  - Keeps weight under control
  - Prevents bone loss
  -Boosts energy levels
LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ **Remain physically active:**
  - Helps manage stress; relieves tension
  - Helps you fall to sleep faster and sleep more soundly
  - Improves self image
  - Increases muscle strength, increasing the ability to do other physical activities

LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ **Exercise:**
  - Check with your doctor first
  - 150 minutes of aerobic exercise per week
  - Practice weight training exercise including yoga, weights, etc.

✓ **Get sun every day!**
LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ Stay Socially connected:
  ▪ Volunteer at a charity, school, museum or organization
  ▪ Join a book club, bowling league, or any group dedicated to being actively engaged
  ▪ Get a pet. Animal shelters are full of potential companions looking for good homes. (They can also be great places to volunteer.)

LIFESTYLE PRACTICES FOR HEALTHY AGING

✓ Stay Socially connected:
  ▪ Join a group in your religious organization
  ▪ Maintain a network of friends and family with whom you regularly interact
  ▪ Pursue social activities, like wine tastings, lecture programs, or traveling with friends
  ▪ Get involved in projects that require you to have regular contact with others: planning a gathering for a club, organizing a card- or game-playing night with friends
Lifestyle Practices for Healthy Aging

Stay Socially connected:

- Get connected while you improve your health: Join a walking or biking club or your local fitness center, go out golfing, or take yoga or cooking classes.
- Take an adult-education or college course.

Interventions for Healthy Aging

Taking care of yourself:

- Do things that positively impact others.
- Practice self-discipline.
- Learn or discover new things.
- Enjoy the beauty of nature or art.
- Manage your stress levels.
- Limit “unhealthy” mental habits such as worrying or ruminative thoughts.

INTERVENTIONS FOR HEALTHY AGING

✓ Taking care of yourself (cont.):
  ▪ Appeal to your senses.
  ▪ Engage in meaningful, creative work.
  ▪ Get a pet for companionship and exercise.
  ▪ Make leisure time a priority.
  ▪ Make time for contemplation and appreciation.


RESOURCES

▪ CDC Health Aging - www.cdc.gov/aging/


RESOURCES

- National Institutes of Health – Age Pages
  http://nihseniorhealth.gov/category/healthyaging.html

- Mayo Clinic - www.mayoclinic.com/health/healthy-aging/MY00374

- Geriatric Mental Health Foundation -
  http://www.gmhfonline.org/

RESOURCES


- National Institutes of Health Medline Plus –
  www.medlineplus.gov

- New York Times Well Blog -
  http://well.blogs.nytimes.com/category/aging-well/
CITATIONS


CITATIONS


✓ “Health Care Costs Much Higher for Older Adults with Depression Plus Other Medical Conditions,” The National Institute of Mental Health; February 13, 2009.
CITATIONS


HALCYON DAYS

NOT FROM SUCCESSFUL LOVE ALONE, NOR WEALTH, NO HONOR’D MIDDLE AGE, NO VICTORIES OF POLITICS OR WAR;
BUT AS LIFE WANES, AND ALL THE TURBULENT PASSIONS CALM,
AS GORGEOUS, VAPORY, SILENT HUES COVER THE EVENING SKY
AS SOFTNESS, FULNESS, REST, SUFFUSE THE FRAME, LIKE FRESHER, BALMIER AIR,
AS THE DAYS TAKE ON A MELLOWER LIGHT, AND THE APPLE AT LAST HANGS REALLY FINISH’D AND INDOLENT-RIPE ON THE TREE,
THEN FOR THE TEEMING QUIETEST, HAPPIEST DAYS OF ALL!
THE BROODING AND BLISSFUL HALCYON DAYS

WALT WHITMAN, AT SEVENTY